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AUTHOR Hanson, Shirley M. H.; Bozett, Frederick W.
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ABSTRACT

Recently, there has been increased interest in the changing role of men, with emphasis on nurturing, parenting, and the role of fathers with their families. Participating in childbirth classes enhances a man's knowledge of pregnancy and of birth, increases his understanding of the father role, and elevates his self-confidence as a parent. Being present during delivery can enhance the man's feelings of well-being and affection for his family. Research on fathering during infancy has shown that infants attach to fathers as well as to mothers. Research on fathers and preschoolers is too sparse to draw substantive conclusions on the father-preschooler relationship. Most fathers of latency-aged children feel pressured by occupational demands and tend to assume an instrumental rather than an expressive role with their children. Relationships with sons appear to be easier than relationships with daughters. Relationships with adolescent children may be explosive and difficult, and little time is spent together between fathers and adolescents. Fathers gradually develop a collegiality and mutuality with their adult children and most attach significance to and derive satisfaction from the experience of being a grandfather. Variations of family forms which merit special attention when examining father roles include: (1) single parent families; (2) dual-earner families; and (3) unwed teenage fathers. Nurses can act as a social force to increase involvement of men in both child care and family life and can promote quality fathering by the way in which they administer programs, practice nursing, educate students, create theory, and conduct research. A three-page list of references is included. (NB)

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FATHERHOOD: DEVELOPMENTAL AND CONTEXTUAL PERSPECTIVES

By

Shirley M. H. Hanson, RN, PhD, FAAN
Professor, Department of Family Nursing
The Oregon Health Sciences University
School of Nursing
3181 SW Sam Jackson Park Road
Portland, Oregon 97201

And

Frederick W. Bozett, RN, DNS
Associate Professor, Graduate Program
College of Nursing
University of Oklahoma Health Sciences Center
P.O. Box 26901
Oklahoma City, Oklahoma 73190

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FATHERHOOD: DEVELOPMENTAL AND CONTEXTUAL PERSPECTIVES

ABSTRACT

Fathers, fathering and fatherhood are topics which receive little attention throughout the world's professional literature. Only recently has there been increased interest and research on the changing roles of men with particular emphasis on nurturing and parenting. A body of knowledge has started to accumulate which investigates the role of fathers with their families.

The purpose of this article is to summarize the research literature about fatherhood in the United States today and to discuss the implications of this research for the practice of nursing. This analysis synthesizes the literature using two different perspectives. The developmental perspective traces the role of fathers from family planning through the family life cycle to grandfatherhood. The social contextual perspective summarizes the literature related to fathers for three common variations in society today: single custodial fathers, fathers in dual earner families, and adolescent fathers. Lastly, implications for nursing practice and social policy are made.

FATHERHOOD: DEVELOPMENTAL AND CONTEXTUAL PERSPECTIVES

Shirley M.H. Hanson, RN,PhD,FAAN*
Frederick W. Bozett, RN,DNS**

Introduction

In the United States traditional male roles are being questioned by both men and women alike. As a result the role and functions of fathers are also in flux. The impetus for this gradual but rather quiet revolution is grounded in the civil rights movement of the early 1960's during which the black people of our country relentlessly demanded the same constitutional rights and freedoms held by whites. As a result of this social crisis, other minorities such as Mexican farm laborers, Native Americans, and gays also began demanding equal rights under the law. Women also organized to obtain equal opportunity. As a result of this nation-wide movement, more women entered the work force, remained unmarried and many delayed childbearing. Also, the incidence of divorce and thus single parenthood skyrocketed.

Out of these social revolutions the men's movement evolved. Males began to question the traditional mold which United States society had traditionally cast for them. Historically, the most common expectation had been that the male be the sole family wage earner. He was expected to be the

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*Dr. Hanson is a Professor in the Department of Family Nursing, The Oregon Health Sciences University, Portland, Oregon.
**Dr. Bozett, is an Associate Proessor in the graduate program in the Collee of Nursing, University of Oklahoma, Oklahoma City.

patriarch = the autocratic head of the household with his authority unquestioned, the primary disciplinarian of his children, the person to whom the family defer its wishes. The fathers role has been what Parsons and Bales (1955) refer to as the "instrumental" role in which the man is expected, as a parent, to socialize his children into the wider concerns of the world outside of the home. It was neither expected nor desired that the father be affectionate, warm, or nurturing with his children. Although it was expected that he love them, his love was to be expressed in a firm and somewhat distant manner. American fathers lived at the boundary of the family rather than at its heart (Colman & Colman, 1981). Expressive nurturing, and warm and loving roles belonged almost exclusively to women.

In the 1970's, American women began to move out of their traditional expressive roles into the instrumental world of work, the traditional domain of men. In contrast, men began to seek the opportunity to express their nurturing, loving and gentle natures, not only with their children but with women and men as well. Many males in America were upset that society expected them to withhold the expression of positive emotions; they were permitted to get angry but not cry; they could be aggressive but not be gentle.

The men's movement today is not a diffuse social ideology; it is a concrete trend whereby formal organizations foster and promote the ideals of fairness and equality for men in all spheres of their lives including the sphere of fatherhood. The movement continues to pervade more areas of men's lives and is gradually spreading to all areas of the country.

Hence, we have a trend which Rotundo (1985) calls Androgenous Fatherhood, which refers to men who do not derive their identity solely from their career and other worldly activities. Rather their identity is also derived from within the family from participation in child care and other family and household functions. Before the mid 1960's there had been almost no research or significant writings on the father. Now, however, as an outcome of the events just described, there has been an outpouring of research and writings on the father, fatherhood, and fathering in both professional and popular literature. In the time left, we would like to give you a brief overview of the findings of the fathering research from a developmental and social content perspective. Following these remarks, Dr. Hanson will emphasize the socil impact that nurses can have on the promotion of fathering in order to enhance the development and maintenance of healthy family functioning.

Developmental Perspectives

The role of men in family planning has been all but ignored. However, Dr. Janice Swanson (1984), a nurse who has dedicated much of her professional life to the study of men's health, has recently published an outstanding book on men's reproductive health. As a result of this work, it is anticipated that nurses and other health professionals will become knowledgeable about men's roles in sexual matters. Also, we now have considerable research based knowledge about the role of men during pregnancy. Most of this research, conducted also by nurses, is derived from men who have participated in childbirth education classes with their wives. Although originally only middle class couples participated in these classes, it is becoming more common

to all socioeconomic classes and most ethnic groups. Participating in childbirth education classes enhances the man's knowledge of pregnancy and birth, increases his understanding of the father role, and elevates his self-confidence and self-esteem relative to carrying out the paternal role. Althugh the short-term effects of this participation increases the men's affection for his wife and newborn, we do not know what the long-term effects are on the marital relationship or on the man's subsequent fathering (Wente & Crockenbert, 1976). Being present during delivery is usually supportive for the wife, and it enhances the man's feelings of well-being and affection for his family. However, the effects of this experience on subsequent father-child relationships are equivocal (May & Perrin, 1985). There is insufficient research to be able to discern a positive relationship between participation in labor and delivery and subsequent fathering behaviors.

We want to stress one other facet of this topic. Dr. Katharyn May, a nurse who has conducted noteworthy research in the area of preparation for fatherhood, stresses that not all men are suited to the delivery room experience. Thus, nurses need to become sensitive to the needs of these men, to discern those who are not suited, rather than indiscriminately encourage all prospective fathers to participate (May, 1982).

The next area of research is on fathering during infancy. Father behaviors indicate that attachment is based on seeking and maintaining proximity such as smiling, verbalizing, vocalizing, touching, rocking, and holding. It seems that infants usually use their mothers to provide comfort and security while they use their fathers more for social play. However, if the mother is not present they use their fathers also to meet their comfort and security needs. While mothers are usually more distal, fathers are more proximal - physical and tactile. Fathers engage more in what is referred to

as "rough and tumble" play (Lamb, 1981; Parke & Tinsley, 1981). Research indicates that infants relate to each parent in different ways. To their mothers they seem to relate mainly as an attachment figure, as a source of security. However, the father is not only an attachment figure but is also the primary source of more frequent affiliative behaviors as well; he is both a playmate and caretaker. It is of the utmost significance that we now know for certain that infants do, in fact, attach to fathers as well as to mothers.

There is insufficient research on fathers and preschool age children for any substantive data to be presented here. Research on fathers during the children's school age years from 6 to 12 is also limited. However, we do know that frequently fathers of children in this age range feel inadequate in the execution of their father role because of their occupational demands which limits the amount of time spent with their children (Heath, 1976). Most fathers of school age children assume the instrumental role, almost to the exclusion of the expressive role, and they participate in community activities, such as scouting, much more frequently with sons than they do with daughters (Bradley, 1985). Also, fathers are more tied to their sons, serving as a role model and guide (Radin, et al., 1983). Relationships with daughters during this age period are often less close ostensibly because of the difficulty men have identifying with their daughters special needs.

During children's adolescence, ages 12-20, it appears as though the essence of the father-child relationship is founded upon identity with the father struggling with the difficult questions of the mid-life crisis while the adolescent struggles with the difficulties of his emergent identity (Martin, 1985). Relationships with adolescent children may be explosive for no apparent reason (Davitz & Davitz, 1979). This is often a time of hard conflict not just petty disputes (Benson, 1968). Typically, fathers spend

little time with their adolescent children since they are tired at the end of the work day and the children are busy with their peers, homework, or other independent projects. What time is spent together is usually spent in passive activities such as watching television (Montemajor, 1982).

After adolescence, children continue to mature and eventually leave home to begin their lives as independent adults. For parents, this time span is referred to as the post-parental transition. At this time, fathers gradually develop a collegiality and mutuality with their children. The father is less authoritarian and directive, and children are more receptive to the father's suggestions and influence. Sharing and negotiating begin to be characteristic of the father-adult child relationship (Roberts & Zuengler, 1985). Eventually, most children develop permanent companionship, get married, and start a family of their own, creating for their father the role of grandfather.

Relatively little research has been conducted on the last stage of fathering which is grandfathering. Crucial to the grandparent-grandchild relationship is that the relationship is mediated by the child's parents - the inbetween generation. The child's parents determine the frequency and possibly even the quality of the grandparent-grandchild relationship. If the son has a positive regard for his father, then he encourages the development of a positive grandfather-grandchild relationship, whereas if he feels negative toward his father, the grandfather-grandchild relationship may be discouraged (Baranowski, 1985; Hill, Foote, Aldrus, Carlson & MacDonald, 1970; Spark, 1974). The majority of grandfathers attach significance to and derive satisfaction from the experience of their grandfathering. Often grandfathers indulge their grandchildren since the outcome of their grandchildren as socially acceptable adults is not their responsibility. They believe they

deserve the luxury of indulgence (Kivnick, 1982). Grandfather's topics of conversation are usually more men centered (Hagestad & MacDonald, 1979; Hagestad & Speicher, 1981), they make clear disinctions between men's and women's roles, and they focus most often on the paternal line. Therefore, the strongest bond with grandchildren is likely to be with the son of a son (Baranowski, 1985). Grandfatherhood ends the family life cycle.

Social Context Perspectives

Next, we will briefly discuss several variations of family forms in the United States - where men father within different social contexts. Although there are, of course, many varieties of fathers, such as gay fathers (Bozett, 1985) and househusband fathers (Lutwin & Siperstein, 1985), only three of the more common non-traditional family forms will be mentioned.

First, there are <u>single parent families</u> in which the father has custody of his children. Research on this family form indicates that these men and their families fare very well. Adaptation to the role of custodial father is initially difficult, especially in organizing household tasks, learning to plan and prepare meals, and to budget time and money. However, once the father develops routines and the children become adjusted to the father as the responsible and sole parent, family life proceeds smoothly. Initially after the separation and divorce, the children may have adjustment difficulties exemplified in diminished school performance or behavior problems. As the children become accepting of the parental divorce, these problems gradually subside especially if the father fosters open communication of feelings. Sometimes short-term counseling is necessary in order to assist children to vent their feelings over the loss of the intact family. Also noteworthy is that adjustment for both fathers and children occur with greater

ease in families where the father sought custody. Family adjustment is more difficult for those men who assented to it (Hanson, 1981, 1985).

In single parent families where mothers have custody, the non-custodial fathers' participation in child care is less than commendable (Fox, 1985). Although there are various factors that determine their participation, such as geographical distance, the length of time since the divorce, and the fathers' or mothers' remarriage, the fact remains that non-custodial fathers participate minimally with their children.

The second major variation is the dual-earner family. One would think that fathers in these families, where both husbands and wives work, would increase their participation in household activities and child care. However, research findings indicate that they do not (Benokraitis, 1985). What happens is that the men's role remains limited and that dual-earner wives expand their roles from that of full-time wives, mothers and homemakers to also become wage earners.

The last variation we want to mention is unwed teenage fathers. We mention this group of fathers because in the United States, we have the stereotype that these young men are irresponsible, uncaring, and unconcerned about mothers of their infants. Recent research, however, contradicts this stereotype (Barret & Robinson, 1985). The findings indicate that these men are often responsible both psychologically and financially, that they want to remain involved with the mothers, often with the intent of marriage, and that they want involvement with the infant and expect to be included in decisions regarding child care.

This then concludes our remarks on the increasing emphasis on the role of men in the family system in the United States, and of fathering thoughout the developmental life-span and in different social contexts. Now, Dr. Hanson

will discuss some of the implications the knowledge about fathering has nurses.

She will stress how nurses can act as a social force to increase involvement of men in child care, and in family life -- both of which are crucial to the achievement of high level functioning of healthy families.

Implications for Nursing

The focus of this part of the presentation is "The Nurse as a Social Force to Change Fathering." Can the nurse be a social force in a country like the United States where family policy is virtually non-existent? Can nurses help to change the role of fathers and the quality of parenting that men give to their children? We believe that nurses are a social force and that they can effect social policy and fathering in a positive and healthy way. We will summarize some of the ways in which this can be done.

1. First, let us start by looking at ourselves as a profession of largely women, many of whom are mothers. Mothers for the most part are encouraging more participation from their husbands in childrearing activities. But there is some evidence that many women overtly exclude fathers from participating in child care for fear of loss of control or loss of role. This is an area that needs further exploration.

2. The nursing profession consists mostly of females. Although the numbers of men nurses entering the nursing profession is growing, their percent of the total is not changing. Nurturing males have little opportunity for expression within and outside of nursing. We live in a homophobic society,

where men are still expected to act as "men" thus limiting their potential for growth and giving. Thus, both in our personal and professional lives, we need to make sure that we are not passing along negative messages to males who can and desire to be more nurturing people, especially in the care of children.

3. Nurses can be a force to change fathering throughout our educational system. We know that boys and girls are socialized for parenthood through the schools as well as the family. Both the schools and family have continued to convey traditional sex-role expectations, instead of guiding children to see that abilities and behaviors are not gender specific. Family life curricula needs to be taught starting as early as primary school. Parent education programs need to bring men and children together co-opting fathers' involvement in activities of their young school aged children. We need more men teachers as role models in our schools so that children can see males nurturing in roles. There needs to be school-based policies supporting the involvement of fathers in their children's education. This especially becomes an issue when parents are divorced. Noncustodial fathers many times cannot gain access to information about their children's progress and are discouraged and shut out from involvement. Finally, institutions of education could offer actual courses in fathering. So encouragement and change needs to take place at all levels of our educational system from kindergarten through college.

4. Nurses can be a social force to change fathering through the health care system. Right now, mothers are the parents who initiate contact with health care professionals. Fathers need to be encouraged to come into clinics with their wives and children thereby increasing their potential to model health behaviors and values for their offsping. Health care facilities have largely been open only during the day excluding fathers as well as working mothers. Some of this has been remedied by recently developed instant health

care centers which run 24 hours a day. But regular evening and Saturday clinics would allow men to get more involved with the health of their families.

Family planning clinics need to be extended to include services for men. Males need easy access to vasectomies, sperm counts, sexual counseling, and contraception. Responsible family planning by men and women alike, leads to responsible fatherhood. Nurses working in these kind of facilities can help expand the scope of services to men. Dr. Swanson's recent book Men's Reproductive Health, could be a great asset to those of you working in this area.

If there is one arena in which nurses have been a social force to improve fathering and families, it is in the area of pregnancy and birth. Nurses have been instrumental in involving men in pre-natal classes, labor and delivery, and in teaching young fathers about infant care. Nursing can be proud of the strides made in the last 10 years, but more needs to be done particularly for ethnic, rural and lower socioeconomic fathers.

We have been more successful in promoting fatherhood during infancy, than we have from the preschool through the adolescent years. It is as if the education of fathers in the growth, development, and care of children stops after one year of age. Much could be done to promote the involvement of men with children of pre-school age. Cooperative child care centers could develop fathering programs and activities. Too, more men could model nurturting roles by becoming child care workers if society paid these workers a decent wage.

The promotion of fatherhood in school age and adolescent children is nearly non-existent. Some men do get involved in activities such as coaching team sports or leading scout groups, but more could be done to involve them in

the daily biopsychosocial care of children particularly female children. Community health and school nurses could facilitate classes related to growth and development issues, particularly father/child relationships during the teenage years.

Now that we are on a developmental theme, nurses can also assist middlescent fathers and grandfathers in the health care setting. Nurses who work in a variety of settings could teach the life span approach to the father/child relationship both within and across generations. The middlescent years often bring about a change of relationship between fathers and adult children that cause distress to both. Nursing interfaces with families during critical life transitions such as retirement, bereavement, and grandfatherhood, placing nurses in positions of influence to enhance the interaction between generations.

5. Nurses can be a force to improve fathering through the social system. In America, we are going through a social revolution. We have already mentioned the rapid exodus of women from the home into the workplace with a much slower but concomitant involvement of men in home activities. These transitions are creating strain and stress in the family system, particularly for males. Men's support groups and resource centers are springing up across the country to facilitate conscious raising, but much more needs to be done. Examples of father support groups with special concerns include: single fathers, stepfathers, gay fathers, teenage fathers, and incarcerated fathers. The NATIONAL CONGRESS FOR MEN is attempting to provide an umbrella organization for the various men's groups, much like the NATIONAL ORGANIZATION FOR WOMEN (NOW). The most active and adamant groups of men today are those who battle for custody following divorce.

6. Nurses can promote fathering through the legal system. Many nurses in America are becoming politically astute; many are attending law school, a large number of whom specialize in family law. The major legal fathering issues that receive much attention today are custody, visitation and child support following divorce. The JOINT CUSTODY ASSOCIATION OF AMERICA is promoting joint custody as the first decision of choice following the high number of divorces in America (one out of every two marriages). They have been successful in changing state laws to favor joint over sole custody in about one-half of the states in the USA. The federal government recently passed a law to enforce child support. That is, wages of noncustodial parents can now be garnisheed. The lack of financial support to children following divorce has been a problem in America since only 49% of noncustodial fathers pay the full court ordered amount. Noncustodial mothers traditionally pay no child support even though the woman may be working. Mandatory child support has become a major issue and will continue to be so until child support is tied to the enforcement of visitation. One other legal trend affecting fathering is noteworthy. It is now mandatory for social agencies to contact the puntative father before a child who is born out of wedlock, can be placed for adoption. Precedence has been set for teenaged unmarried fathers to receive custody of their children.

7. Nurses can influence fathering practices through supporting family policies in the workplace. Since women have entered the work force, more men and women are wanting more time for increased involvement with their families and are putting pressure on their employers to provide flextime, compressed work weeks, part-time employment, shift work, and job sharing. Paternity leave is almost unheard of in America but commonplace in Scandinavian countries. Men are not permitted to use their vacation or sick leave in the

early days following their children's birth. Industry could also provide fathering support groups to help achieve a better balance between career and family. It will probably be through women's promotion that family policy is changed in the workplace making it a more conducive environment for fathering participation in family life.

8. Nurses should become knowledgable about and promote public policy as it affects families and parents. Public policy dictates what we know, what we study, how we as a society live, and the methods and techniques we employ on a daily basis. For example, welfare will not support families where there is a father in the home. Not only does this policy promote lying and cheating, but it forces fathers' noninvolvement in the lives of their children. Nurses also need to promote the policy that all children should be wanted. Men and women who are forced into parenthood are more likely to be involved in acts of family violence of all kinds. Low cost and quality child care needs to become a governmental concern. With more and more mothers seeking gainful employment, we are adding motherlessness to an already existing fatherlessness society.

There are two references we would like to mention for those of you interested in pursuing how nurses can be a social force in the changing roles of fathers. The book, Dimensions of Fatherhood, authored and edited by Dr. Bozett and myself, contain a series of chapters that address fatherhood from the developmental perspective and from the social context perspective (Hanson & Bozett, 1985). Within each the book's 21 chapters, there is a section that discusses implications for the practitioner, educator and social policymaker. Also, two upcoming journals, The American Behavioral Scientist and Marriage and Family Review have devoted special issues to the subject of fatherhood.

In America, the Ford Foundation funded the Fatherhood Project out of Banks College in New York City. This national clearinghouse on fatherhood recently published a book entitled Fatherhood: USA (Linman, 1984). This book profiles over 120 diverse organizations, agencies and institutions that have made a broader commitment to fatherhood through programming. It also contains names and addresses and would be useful to people who are considering setting up father-centered programs.

In conclusion, nurses around the world can be a social force to promote quality fathering by the way in which we administer programs, practice nursing, educate students, create theory, and conduct research. Nurses have been and will continue to be advocates of families and promoters of sound parenting practices. We challenge you to think of yourself as a social force to make this world a better place for future generations of families to grow and live.

Footnote

It is important to mention that even though what is described is fact, the men's movement in the United States has not been dramatic and is relatively isolated, most generally restricted to cosmopolitan centers on either coast. At the most, no more than five to ten percent of the adult male population are even aware that such a trend exists.

FATHERHOOD: DEVELOPMENTAL AND CONTEXTUAL PERSPECTIVES

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